MAYO CLINIC LABORATORIES

Test Definition: ORXNA

Orexin-A/Hypocretin-1, Spinal Fluid

Reporting Title: Orexin-A/Hypocretin-1, CSF
Performing Location: Rochester

Ordering Guidance:

Orexin-A (hypocretin-1) deficiency is the hallmark of narcolepsy type 1. The diagnostic criteria for type 1 narcolepsy include the presence of cataplexy and/or measured cerebrospinal fluid orexin-A/hypocretin-1 concentrations less than or equal to 110 pg/mL. Alternative testing for narcolepsy type 1 includes mean latency of 8 minutes in the clinical multiple sleep latency test, with evidence of sleep-onset rapid eye movement periods and cataplexy.

Specimen Requirements:

Patient Preparation: Patient **should not** have recently received radioisotopes, either therapeutically or diagnostically, due to potential assay interference.
Collection Container/Tube: Sterile vial
Submission Container/Tube: Plain vial with no additives
Specimen Volume: 1.5 mL
Pediatric Volume: 0.5 mL minimum volume
Collection Instructions:
1. Obtain aliquot from second collection vial (preferred, not required).
2. Hemolyzed specimens will give false-positive results. Specimens should be centrifuged to remove any red cells prior to shipping.

Forms:

If not ordering electronically, complete, print, and send a Neurology Specialty Testing Client Test Request (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Frozen	120 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
604230	Orexin-A/Hypocretin-1, CSF	Numeric	pg/mL	91670-0

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83519

Reference Values:

Normal individuals should be >200 pg/mL

Previous literature has defined cerebrospinal fluid orexin-A/hypocretin-1 concentrations of 110 pg/mL or below as being consistent with narcolepsy type 1-(Mignot E: Arch Neurol 2002:59;1553-1562). Concentrations between 111 to 200 pg/mL are considered intermediate and have limited diagnostic utility for narcolepsy, as they may be representative of other neurological disorders. Concentrations above 200 pg/mL are considered normal.